Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible, it should be typed)

Filer Identification Number		Report File (Mark X)	ARRIVED TO THE PERSON OF THE PROPERTY OF THE PERSON OF THE	ate X	Committee		Lobbyist
Name of Filing Committee Lobbyist	, Candidate or	Michael Pac	ê			<u> </u>	<u></u>
Street Address	W - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	770 W.Towr	hall Rd.				A Company of the Comp
City Wate	erford		State	ΡÀ	Zip Code	16441	100 - 100 -
Type of Report (Place x un	der report type)						
1- 6 th Tuesday 2- 2 nd Fri Pre-Primary Pre-Prima		4- 6 th Tuesda Pre- Election		The second secon	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
		Tre- Lieution					
Date Of Election (MM/DD/YYYY)	11/5	Year	2019	Amendment Report	(Termination Report	
Summary of Receipts and Expenditures	From Date	To D	ate		For	Office Use Only	
Expenditures	6/)// /19	M.F.	10/21/19				
A. Amount Brought Forwa	rd From Last Report	: \$	-798.95			Nima	6.7
B. Total Monetary Contrib (From Schedule I)	utions and Receipts		1450.00				(2) (2) (3)
C. Total Funds Available (Sum of Lines A and B)		\$	651.05			知:0 知语 No	5-1 5-1
D. Total Expenditures (From Schedule III)		\$	2444.95			<u> </u>	many production of the control of th
E. Ending Cash Balance (Subtract Line D from Line	e galleria comega on a car an arrangement and a comment a second	\$	-1793.90			TRATION	$C_{ij}J$
F. Value of In-Kind Contrib (From Schedule II)		\$	Ő			S	S Ou
G. Unpaid Debts and Oblig (From Schedule IV)	âtions	\$	Ó				
Part 1- If this is a Committee r	eport, treasurer sign h	ere. If this is a C	Affidavit Se a ndidate report, c				
I swear (or affirm) that this rep	ort, including the atta				ge and belief tr	ue, correct and comple	te. K
Sworn to and subscribed before 24 day of Outbe				While	Jan.	•	Commonweat Nicc Nicc My commit Comm Comm Member, Pen
12 Inn	20-1-1		<u></u>	Signature	of Person Suhm	itting report	
Signature		·	<u></u>	•	Printed Nam	ė	Ith of Penns de Inan, No Erie Cou ission expi ission num
My Commission expires 0 MO	<u>′ 31 202</u> ′ . DAY YR.	3	 /	8/ 4 Area Code	S	/60-565/ time Telephone Numbe	Ass Price
Part II- If this is a report of a Ca	ndidato's Authorizad	Čammillas es	adidata shall sign k	ara .	Accessive to a state of the second to be seen to the second to the secon		iatis 129
I swear (or affirm) that to the lamended.					provisions of t	he Act of June 3, 1937 (- 177 in m
Sworn to and subscribed befor	e me this						ry Seal 023 otaries
day of	202	- ']		Čía a	ature of Candid	nia -	**
#3 41		.	<u></u>				·
Signature	÷	, [Printed Name		
My Commission expires MO.	DAY YR.	<u></u>		Area Code	Dayti	me Telephone Number	·
	4, 1-21						

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

The state of the s	
T-224 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
Filer Identification Number	
THE INCHINE OUT HUMBER	
	Skiskasi Mass
	∄ Michael Pace
and the control of th	

Total for the reporting period (1)	\$	Ö
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	. ti ina	
Contributions Received from Political Committees (Part A)	\$	0
All Other Contributions (Part B)	\$	450.00
Total for the reporting period (2)	\$	450.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	1000.00
		4665
Total for the reporting period (3)	\$	1000.00
Total for the reporting period (3) 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	\$	1000.00
MANUFACTION AND AND AND AND AND AND AND AND AND AN	\$	1450.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification	Number Michael F	² äce			
					Amount
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	, \$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	atributing		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of Cor Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	W. ZHARRON T. F. P. MALER BARD. T. N. MALER BARD.	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	itributing			Date [MM/DD/YYYY]	.\$-
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee	itributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	and the second s	State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		
Michael Pace		
	 The same of the sa	

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
	Mark Varzal	ly		7/17/19		100.00
House #	Street Address	CARLES OF THE STATE OF THE STAT	0.00.00 0.00.00 0.00 0.00 0.00 0.00 0.	Date [MM/DD/YYYY]	\$	The state of the s
226	★客報: 監查 まず ましたはども 利。	W. 37th St.		Date (MM/DD/T111)		
City		State	Zip Code	Date [MM/DD/YYYY]	: · ·	
Erie	•	PA	16508	Date [WIW/DD/TTTT]	\$	
Full Name of Co	ntributor	[[Pay07.55/40]]		Date [MM/DD/YYYY]	\$	· · · · · · · · · · · · · · · · · · ·
	Dennis and	Lois Dwyer		10/3/19		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
170	[10] ** Control of the Control of	W. Townhall Rd.				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Waterfo	d	PΑ	16441	<u> </u>		y
Full Name of Co	ntributor		<u></u>	Date [MM/DD/YYYY]	\$	
	Richard M. 8	Simonian		10/16/19		150.00
House #	Street Address	21-11/2-2-11 M 21-11-11-2-11-2-11-2-11-2-11-2-		Date [MM/DD/YYYY]	\$	
1526		Sassafras St.				,
City		State	Zip Code	Date [MM/DD/YYYY]	\$.	
Erle		PA	16502	and the all admits to the old from the old American to the construction of the constru		
Full Name of Co	ntributor	Lowes a first in	The state of the s	Date [MM/DD/YYYY]	\$	
House#	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		May Sta				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
			18 0 2 1			
Full Name of Co	itributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
		•				
City	eran, gan july tamang amunikan at tamah at tamah ta ta july	State	Zip Code	Date [MM/DD/YYYY]	\$	417. C

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identificatio	on Number: Michael Pa	'āćė			
Full Name of	r certify the early			Date [MM/DD/YYYY] \$	
Contributing Co	ommittee			Jac (1911) 7	
House #	Street Address	så.		Date [MM/DD/YYYY] \$	
				Control of the Contro	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Section of the Control of the Contro	
Full Name of Contributing Co	ommittee	to annual to the second	commendados de acomes.	Date [MM/DD/YYYY] \$,,
House #	Street Address	is		Date [MM/DD/YYYY] \$	
		4			
City	<u> Maria Sulingani</u>	State	Zip Code	Date [MM/DD/YYYY] \$	*******
	JL-16-1	A Company of the Comp			
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
		a 1,1,100			
House #	Street Address	5		Date [MM/DD/YYYY] \$	_
City	<u>amman mama Pili Entito (1960), Sangrensi s</u>	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co		M. W. W. W. W. 4.	No of the second	Date [MM/DD/YYYY] \$	
319/46	or of the Section of				
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	mmittee	parameter (1995)		Date [MM/DD/YYYY] \$	
House#	Street Address	s		Date [MM/DD/YYYY] \$	
		4			
City	and the state of t	State	Zip Code	Date [MM/DD/YYYY] \$	mand a med a 11 AV
Full Name of		Company of the Control of the Control		Date [MM/DD/YYYY] \$	
Contributing Co	mmittee				
House #	Street Address	4		Date [MM/DD/YYYY] \$	
				22.545. 457.74	
City	which the first state of the st	State	Zip Code	Date [MM/DD/YYYY] \$	
ÉWANGE					

PART D All Other Contributions

Over \$250.00

Use this Part to Itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
	Michael Pace
i come y vec la ascire services.	
-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Cill Na	ame of Contributor	:			Date [MM/DD/YYYY]	\$
Fun	me or comme	Gary P. Sc	skaaidar		Date Panalina 1	
					The second of th	
House #	01AM T013 T	eet Address			Date [MM/DD/YYYY]	\$ 1
	13		Niagra Pier			
City		<u>Áffikasi ajma</u>	State	Zip Code	Date [MM/DD/YYYY]	
	Erie		PA	16507	9/18/19	1000.00
	yer Name		Howard Industries	j	Occupation Signs	
	yer Mailing Address , oal Place of Business		6400 Howard Dr. F	Fairview PA. 16414		
- Distance model Assessed	ime of Contributor	A Maria de Autoria de La Calenda de La Calen			Date [MM/DD/YYYY]	
		1			And the state of t	
Yea:	<u> </u>		π			
House #	A Street	eet Address	1		Date [MM/DD/YYYY]	S
		43.7 <u>9.9</u> 1				
City	4	actional transmission	State	Zip Code	Date [MM/DD/YYYY]	
6 (10 m) 1 (10 m)	4				A Dec. of the second of the se	
	yer Name		:	and of a plant at a second of	Occupation	_[2,5,]
	yer Mailing Address ,			<u></u>		2014 100 14
and the second of the second of the	al Place of Business				Los on research house	1 -2300
Full ite.	me of Contributor		•		Date [MM/DD/YYYY]	
House #	# Stre	et Address	ĺ		Date [MM/DD/YYYY]	\$
	A SE		1		the Till to the time the time the court of the specific to the specific group of the second specific group of the second	
-	<u> </u>		<u>In Spinorani</u>	Re vision is and to the color	The state of the Annie A	
City	.1		State	Zip Code	Date [MM/DD/YYYY]	\$
Emniov	er Name		<u> </u>		Anthritis	
		2	And the same space of a parameter		Occupation	
Principa	er Mailing Address / al Place of Business					
Full Nar	me of Contributor		-		Date [MM/DD/YYYY]	i \$
		:				
House #	# Stre/	et Address		<u> </u>	Date [MM/DD/YYYY]	
(Calabara) An an		Lau			Date (min)	
City	<u> </u>	<u> </u>	State	Zip Code	Date [MM/DD/YYYY]	. <u> </u>
					indical Examination in the classic services and a service service	
	er Name		Salada Birtha a Tara	<u> </u>	Occupation	
	er Mailing Address /		1		Parties and State of	
Principa	al Place of Business	4666	(

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Num	iber: Michael Pace			
Full Name				
House #	Street Address		, , , , , , , , , , , , , , , , , , ,	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	1988		The state of the s	<u> 1988 </u>
Full Name				
House #	Street Address		22 20 20 20 20 20 20 20 20 20 20 20 20 2	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> </u>	<u> </u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address		2,700	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		<u> 156.866.28718</u>	(M) (1979)	<u> </u>
Füll Name	1.74 1.74 1.74 1.74 1.74 1.74 1.74 1.74			
House #	Street Address			
City		State	Zip Codé	Date [MM/DD/YYYY] \$
Receipt Description	1935 M 6 193 6 193 S			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number: Michae	el Pace		
			·
1. UNITEMIZED IN-KIND CONTI	RIBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTRI	BUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RE	GEIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	Simple Control of the
3. IN-KIND CONTRIBUTION REC	EIVED-VALUE OVER \$25	0.00 (FROM PART G)	
TOTAL for the reporting period	(3)	\$	all de letter a green and de anne alle a trade and a de letter de letter a de letter a de letter de letter de l
TOTAL VALUE OF IN-KIND CONTRIBUT PERIOD (Add and enter amount totals on Page 1, Report Cover Page, Item F)	from boxes 1, 2, and 3; a		

SCHEDULE II PART F

In-Kind Contributions Received

			VALUE OF \$50,01 TO \$	}25U	
Filer Identificatio	on Number: Michael Pa	ıĉê			
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<u> </u>
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	Contribution				<u> </u>
Full Name of Co	ntributor	<u> </u>		Date [MM/DD/YYYY]	
House#	Street Address	27772		Date [MM/DD/YYYY]	5
City		State	Zip Code	Date [MM/DD/YYYY]	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Description of C	ontribution		<u> </u>		<u> </u>
Full Name of Co	ntributor	Chines and James programs, year or company or con-		Date [MM/DD/YYYY]	\$
House #	Street Address	Control of the Contro		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	antribution	At the size of the	No. of the state o		

Zip Code

Zip Code

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

Date [MM/DD/YYYY] \$

Full Name of Contributor

Description of Contribution

Full Name of Contributor

Description of Contribution

Street Address

Street Address

State

State

House #

City

House #

City

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

i Filer i	dentification Number:						
Mary Sanger Committee							
		Michael Pac					

Full Name of Co	ontributor		Date [MM/DD/YYYY] \$			
				The state of the s		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
				and the same of th		
Employer Name	e			Occupation		
Employer Mailin Place of Busines	ing Address / Principal ss			Description of Contribution		
Full Name of Co	intributor	Takit house a secondary		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	Pro Research Section (1994)	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		Maria and Argania Argania Argania	[*1000,10 × 40 ·]	Occupation		
Employer Mailir Place of Busines	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ntributor	***************************************		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name		7 (A) (A) (A) (A) (A)	- I Takin an attack, an attack	Occupation		
Employer Mallin Place of Busines	ng Address / Principal ss			Description of Contribution		
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zíp Code	Date [MM/DD/YYYY] \$		
Employer Name	在1886年第1888年 1987年 K	Ä.		Occupation		
Employer Mailing Address / Principal Place of Business				Description of Contribution		

Statement of Expenditures

Filer Identification Number:					
	Michael Pace				
				NAME AND ADDRESS OF THE OWNER, WHEN PARTY AND ADDRESS OF THE PARTY AND	

To Whom Paid							Date [MM/DD/YYYY] \$	884.84		
		DeSantis Signs					9/23/19	994.81		
House # 540 Street Addre		Street Address _W	V. 18th St.				Description of Expenditure			
City	Erie		State	PA	Zip Code	16502	signs and stakes			
To Wh	om Paid	4 Imprint					Date [MM/DD/YYYY] \$ 10/7/19	343.33		
House	# 101	Street Address C	ommerce	St. PO box 3	20		Description of Expenditure			
City	Oshkosh	en en la la característic de destruita de la conse	State	Wi	Zip Code	54901	pens			
To Wh	om Paid	Vista Print	4.				Date [MM/DD/YYYY] \$ 59.60			
House	# 95	Street Address H	ayden Ave	•			Description of Expenditure	. L		
City	Lexington		State	MA	Zip Code	02421	business cards			
To Wh	om Paid	DeSantis Signs				J	Date [MM/DD/YYYY] \$ 9/30/19	995.20		
House	# 540	Street Address W	. 18th St.				Description of Expenditure			
City Erie			State	PA	Zip Code	16502	mailers			
To Whi	om Paid	Home Depot					Date [MM/DD/YYYY] \$ 10/5/19	52.01		
House	7451	Street Address Pe	each St.				Description of Expenditure			
City I	Erie		State	PA	Zip Code	16509	lumber and supplies			
To Who	om Paid						Date [MM/DD/YYYY] \$			
House		Street Address	***************************************				Description of Expenditure			
City			State		Zip Code		1. Company of the com	<u> </u>		
To Who	om Paid						Date [MM/DD/YYYY] \$			
House		Street Address				Description of Expenditure				
City		The second secon	State		Zip Code			Takah keminan la masa kabupatan perdadan kembanan langgan dalah dari dan beranggan beranggan dari dari berangg		
To Who	m Paid						Date [MM/DD/YYYY] \$			
House # Street Address				The state of the s		Description of Expenditure				
City	<u> </u>	<u> Projektios (1976), like (neb) </u>	State		Zip Code	}		<u> </u>		

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Ose this section to itemize air unp	aid debts and obligations which are outstanding at the end of the reporting period:
Filer Identification Number: Michael Pace	
Name of Creditor	Outstanding Balance of Debt

Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City		State Zip Code	
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	=
Description of Debt			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State Zip Code	
Description of Debt			The state of the s
Name of Creditor		7741000 .00 100100 .00 100100	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	S S S S S S S S S S	State Zip Code	
Name of Creditor		The state of the s	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		tate Zip Code	
Description of Debt			
Name of Creditor	to the state of th		Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	*
City	S	tate Zip Code	
Description of Debt			